



CHANGE OF ZONING DISTRICT APPLICATION

File No.: _____

Date: _____

Fee: _____

Incomplete Applications May Not Be Accepted
Process May Be Delayed Pending Submittal of Required Information and Fees

Applicant: _____

CONTACT PERSON/AGENT	OWNER OF RECORD
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY/STATE/ZIP:	CITY/STATE/ZIP:
TELEPHONE:	TELEPHONE:
FAX:	FAX:
E-MAIL:	E-MAIL:

ENGINEER/SURVEYOR/ARCHITECT	OTHER
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY/STATE/ZIP:	CITY/STATE/ZIP:
TELEPHONE:	TELEPHONE:
FAX:	FAX:
E-MAIL:	E-MAIL:

The applicant hereby requests a change of zoning **from** _____ Zoning District **to** _____ Zoning District
for property legally described as: (use either metes and bounds, or subdivision/block/lot descriptions)

or **PROVIDE LEGAL DESCRIPTION ATTACHMENT**

Property/Parcel ID #: _____ **Acreage:** _____

This **property is located** in **Section** _____ **Township** _____ **Range** _____

The **general location** is: (use appropriate section)

- ☐ Street Address: _____
- ☐ At the _____ (NW, NE, SW, SE) corner of _____ (street) **and** _____ (street)
- ☐ On the _____ (N, S, E, W) side of _____ (street/avenue)

This change of zoning is requested for the following reasons: (Additional sheets may be used if necessary)

(Applicant/Authorized Agent Signature)

DECLARATION OF OWNERSHIP

All Owners of Record Must File An Affidavit

_____, being duly sworn upon his/her oath, deposes and states that _____

(Name of owner signing affidavit; if a corporation or business, name of individual signing affidavit and legal capacity in said corporation or business)
is/are the legal owner(s)/authorized official of the legal owner(s) of the subject property.

(Owner Signature)

STATE OF _____)

COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public: _____

My Appointment Expires: _____

AUTHORIZATION OF CONTRACT PURCHASER

_____, being duly sworn upon his/her oath, deposes and states that _____

(Name of contract purchaser signing affidavit; if a corporation or business, name of individual signing affidavit and legal capacity in said corporation or business)
is the holder of a contract to purchase the subject property from the owner(s) and is therefore authorized to file this application on the owner(s) behalf.

(Purchaser Signature)

STATE OF _____)

COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public: _____

My Appointment Expires: _____

AUTHORIZATION OF AGENCY

Fill In If Applicant Is An Agent For Landowner Or Contract Purchaser

I, _____
(Name of person signing affidavit; if a corporation or business, name of individual signing affidavit and legal capacity in said corporation or business)

having filed Proof of Ownership Affidavit as the Legal Owner(s) or Contract Purchaser of the property declare that I have authorized _____ to file this application on my behalf.
(Name of Agent)

(Agent Signature)

STATE OF _____)

COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public: _____

My Appointment Expires: _____